

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	SUBMIT DATE 11-18-10	Name or number of rule(s): SPA 2010-027		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To conform to use of the MDS 3.0 resident assessment instrument for nursing facility rate setting purposes And To clarify that the Medicaid provider assessment is an allowable cost for purposes of setting long-term care rates.

Specific legal authority authorizing the promulgation of rule: 43-13-121 (1972), as amended and 25-43.3.113.2(b)(i) Complies with filing period exemption

List all rules repealed, amended, or suspended by the proposed rule: Attachment 4 19-D pg 5 and 67, pgs 86, 89, 92, 93, 94, and 133

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

<b>TEMPORARY RULES</b>  _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>PROPOSED ACTION ON RULES</b>  <b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): <u>August 25, 2010</u>	<b>FINAL ACTION ON RULES</b> <b>Date Proposed Rule Filed:</b> <u>08/20/2010</u> <b>Action taken:</b> XXXXX Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing XXXXX Other (specify): <u>October 1, 2010</u>
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Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: \_\_\_\_\_

<b>OFFICIAL FILING STAMP</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>OFFICIAL FILING STAMP</b>  <div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 2em; font-weight: bold; color: blue;">FILED</p> <p style="color: red;">NOV 18 2010</p> <p style="color: blue;">MISSISSIPPI SECRETARY OF STATE</p> </div>
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>CB17440</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.